

## TO ALL CITY OF TUCSON RETIREES

The voice of CTRA is most effective when it serves as the voice of many – especially when the Association works to maintain and protect our Pension System!



### CTRA NEW MEMBERSHIP APPLICATION & RENEWAL/CHANGE FORM

- ☐ New Membership
- ☐ Renewal
- ☐ Change (address, name, phone #, etc)

Date:		COT Emp. # or Last 4 of SSN: _____ (Required by Retirement Ofc)	
First Name:		Last Name:	
Address:			
City:		State:	Zip:
Phone # (with area code):			Birthdate:
Email Address:			
Spouse Name:			
Date Retired:		Department Retired From:	
Payment Information:			
<b>Did you know that if you sign up for payroll deduction, you NEVER have to remember to pay your dues again – it is automatic! (COMPLETE THIS SECTION ONLY FOR PAYROLL DEDUCTION)</b>			
<input type="checkbox"/> I authorize deduction of \$.50 per month from pension check.			
Signature: _____			
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If you would rather send a check or money order every year for your dues, please complete the following section: <b>(Please note: Dues are payable on <u>January 1</u> each year).</b>			
<input type="checkbox"/> Enclosed is \$6.00 for Annual Dues. (Make Check payable to CTRA)			
<b>MAIL TO: CTRA MEMBERSHIP CHAIR</b> Kris Liberty 2951 W. Alaska St. Tucson, AZ 85746		<b>For Office Use Only:</b> <input type="checkbox"/> DB <input type="checkbox"/> MR <input type="checkbox"/> Card <input type="checkbox"/> CC <input type="checkbox"/> Newsletter <input type="checkbox"/> CTRA #	